

WHAT'S HAPPENING WEDNESDAY

Kansas Immunization Program

October 31, 2018

VFC Consultant On-Call

The Consultant for October 29—November 2 is Becky Prall (becky.prall@ks.gov or 785-296-5592).

The Consultant for November 5—9 will be Jackie Strecker (jackie.strecker@ks.gov or 785-296-5592).



CHIEF CHAT

We would like to thank everyone for your patience and understanding last week as many staff in the Kansas Immunization Program (KIP) were involved with the Centers for Disease Control and Prevention (CDC) site visit of the KIP. We are also thankful to you for your partnerships with us as we continue to address best practices for immunizations in Kansas. The representatives from the CDC repeatedly expressed how impressed they are with the work happening in Kansas and particularly how well the KIP collaborates with such a wide variety of partners across the state.

The next Kansas Immunization Program Knowledge Injection Series (KIP KIS) will be presented from noon to 1 p.m., Nov. 15, via webcast. *An Update on Immunization During Pregnancy* will be delivered by Kevin Ault, M.D., FACOG, FIDSA.

Dr. Ault is a native of Indiana, and a graduate of Butler University and the Indiana University School of Medicine, both in Indianapolis. He completed his residency at Ohio State University in Columbus and was a fellow and later an assistant professor at the University of Kansas Medical Center. Dr. Ault's main research focus has been the development of a vaccine against HPV. Other research areas include maternal immunization. He is one of

the few physicians in the United States who is both a fellow of the Infectious Disease Society of America (FIDSA) and a fellow of ACOG. Dr. Ault is a professor and division director at the University of Kansas School of Medicine.

Upon conclusion of this webinar, participants should be able to implement current recommendations for routine immunizations during pregnancy and list the benefits of maternal immunizations.

Continuing education credit will be provided at no cost, but registration is required by noon, on Nov. 9. You may contact the Area Health Education Center at 620-235-4040, or ahcepitt@kumc.edu for details on how to register.

The Association of Immunization Managers (AIM) held a focus group to discuss adolescent immunization and developed a one pager based on the group discussion. This [one pager outlines opportunities and challenges in promoting adolescent vaccination](#), especially a 16-year-old platform, and the critical role for Immunization Programs. Additional information about the focus group is available in an [issue brief](#) published in the Journal of Public Health Management and Practice.



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Thanks to all of you who LIKE our page, we are at more than 600 "Likes." We appreciate all of your support and hard work vaccinating Kansans from vaccine preventable diseases! We can be found by clicking on the Facebook logo or link below. Please make sure and share our posts and like our page while you are there.

<https://www.facebook.com/ImmunizeKS/>



KSWebIZ

Statutory Mandated Reporting Coming

In an effort to continue to remind all providers in Kansas that effective July 1, 2020, all vaccines administered in Kansas must be reported to the KSWebIZ, we would like to assist you with ideas to consider on how your practice will meet this requirement.

The KSWebIZ staff along with all Kansas Immunization Program staff are committed to helping you meet this requirement. There are two ways to report vaccines administered to the registry. First is with a direct connection from your electronic medical record to the KSWebIZ. This connection is done through HL7 messaging using a 2.5.1 **Simple Object Access Protocol** (SOAP) messaging envelope to carry the information about the patient and the vaccine

administered. For many of us, this is very technical language and we encourage you to work with your information technology staff and or your HER vender to assist in further understanding. This is most likely the best option for a practice that administers many vaccines daily.

If your practice only administers a few vaccines each month or just seasonal vaccines (like influenza), establishing a direct entry account for KSWebIZ may be the more cost efficient and easier method for meeting this requirement.

The best place to start this decision process is to contact the KSWebIZ helpdesk at 877-296-0464 or kdhe.immunizationregistry@ks.gov.

Vaccine Information Statement Current Publication Date

| | | | |
|--------------------------|----------|---------------|----------|
| Anthrax | 3/21/18 | Tdap | 2/24/15 |
| Chickenpox | 2/12/18 | MMRV | 2/12/18 |
| DTaP/DT/DTP | 8/24/18 | Multi-vaccine | 11/05/15 |
| Hepatitis A | 7/20/16 | PCV 13 | 11/05/15 |
| Hepatitis B | 10/12/18 | PPSV | 4/24/15 |
| Hib | 4/2/15 | Polio | 7/20/16 |
| HPV | 12/2/16 | Rabies | 10/6/09 |
| Influenza (LAIV4) | 8/07/15 | Rotavirus | 2/23/18 |
| Influenza (IIV3 or IIV4) | 8/07/15 | Shingles | 2/12/18 |
| Japan. enceph. | 1/24/14 | Smallpox | 10/01/09 |
| MenACWY | 8/24/18 | Td | 4/11/17 |
| MenB | 8/09/16 | Typhoid | 5/29/12 |
| MMR | 2/12/18 | Yellow fever | 3/30/11 |



INJECTION OF EDUCATION

As flu vaccination season begins, we often see another issue—overcrowding in vaccine storage units. Clinic refrigerator units are full, not only with regular vaccines, but with larger quantities of flu vaccine, both public and private. Overfilled units can block airflow causing vaccine storage units to work harder. This can lead to out-of-range temperatures.

Now is the PERFECT time to take a peek inside your unit. What do you see? Is there two to four inches between vaccine containers or boxes and refrigerator walls? Is there space between the shelves and stacked vaccine boxes? Is there space between vaccine boxes? Is your data logger probe still in the center of the unit, or has it been shoved to the back to make room for vaccines?

The Centers for Disease Control and Prevention (CDC) recommends stand-alone vaccine storage units and prefers a purpose-built unit. If you are using a household unit, never store vaccines on the top shelf (even during flu season) because the air entering from the freezer can cause the temperatures on the top shelf to be much colder than other areas of the unit. Colder temperatures can cause refrigerated vaccines to have reduced potency and protection. Never store vaccine in the door or in the crisper draws of household units.

The [Vaccine Storage and Handling Toolkit](#) states, “Think of your storage and monitoring equipment as an insurance policy to protect your patients from inadvertent administration of compromised vaccine and your facility against costs of revaccination, replacement of expensive vaccines, and loss of patient confidence in your practice. For the best protection, your facility needs appropriate equipment that is set up correctly and maintained and repaired as needed.”

If your regular vaccine storage unit is full and you are using an additional unit even temporarily, are you carefully monitoring temperatures? You should never store vaccine, even during flu season, in a dorm style unit. A dorm style unit is a refrigerator/freezer unit with one door and the ice maker is located inside of the refrigerator. Even if it is only temporary, dorm style units do not hold steady temperatures and pose an increased risk of freezing vaccines.

We all work so hard to protect our patients and tirelessly work multiple flu clinics to offer vaccine protection. Patients trust that the vaccine they are receiving is viable and will protect them, so take a few extra minutes to look at your unit. The CDC has a quick reference for [Storage Best Practices for Refrigerated Vaccines](#) that will offer some quick tips on vaccine storage and the [Vaccine Storage and Handling Toolkit](#) offers additional vaccine storage information. No one wants to call a patient to report that they have received an ineffective or non-viable vaccine, so take that extra few minutes to look at your vaccine storage practices.

Influenza

Surveillance

October 30, 2018



The Influenza-like Illness Surveillance Network (ILINet) began surveillance for the 2018-2019 season on Sept. 30. Forty sites in Kansas, including 10 syndromic surveillance (ESSENCE) sites, are monitoring patients for influenza-like illness (ILI) – symptoms include a fever ($\geq 100^{\circ}\text{F}$) and the presence of a cough and/or sore throat. ILINet sites also asked to submit up to five specimens for testing at the Kansas Health and Environmental Laboratories (KHEL). These specimens help monitor what types of influenza are present in Kansas. During the week ending Oct. 20, ILINet sites reported 1 percent of visits were due to influenza-like illness. There have been no positive influenza specimens tested at KHEL. Any facility interested in participating in ILINet should contact Amie Cook at amie.cook@ks.gov or (785)296-2898. Stay updated on influenza activity at <http://www.kdheks.gov/flu/surveillance.htm>.



VAX FACTS

Do Children Have Vaccine Rights?

This commentary published on www.medscape.com provides an opportunity to consider another angle when looking at vaccine hesitancy or refusal.

I'm Art Caplan and I am at the Division of Medical Ethics at NYU Langone Health Center. [It's around the time when people] are starting to get their kids ready for school or [they've just started the school year]. Many people are thinking about vaccination because that's a part of what happens when children return to school.

The flu season will soon be here, and again, the airwaves will be full of discussions about flu vaccines. We're going to hear from people who are critics and we're going to hear from people who still won't let go of the canard that vaccines cause autism. That can't be true because we're starting to be in a position where we can diagnose autism before the time at which a child receives a vaccine.

Aside from safety complaints and people arguing about the right to not have their child vaccinated, I want to point out a moral stance that I don't think has gotten enough attention, which is that every child has the right to be vaccinated. We keep talking about parents' right to say yes or no, to avoid mandates or requirements, or to do what they choose to do. Children cannot protect themselves against measles or the flu. A child with an immunocompromising disease [cannot be protected] unless other children are vaccinated. Someone has to speak up and say, "Well, what about the kids? Don't they have any rights?"

In many international agreements that the United States has signed, we say that children have the right to healthcare to have their welfare protected. Most religions would certainly argue that it's supremely important to protect the interests and the [health] of children, that someone has to do that, and that these are parental responsibilities.

If the parents won't do it, I think it's the responsibility of the state or the government to do it. When someone comes in and says they don't want their child taken care of by Western medicine, and the child has diabetes or meningitis, we go to court and overrule the parent's refusal because we know that the child has a right to live. Children have a right to have a chance at life like anybody else.

Why not take the same attitude toward vaccination? The presumption should be not listening to what parents who don't want to vaccinate are saying, but starting out with a presumption that kids have a right to fight off deadly diseases, that kids who can't be vaccinated have a right to protection. How do we move public policy forward from there?

It doesn't mean that we have to change the mandates. It doesn't mean that we have to change much of anything. We have to change how we present these issues to the public. We may have to change the conversations that we have with families and even with older children, moving from "It's up to the rights of parents" to "You know, kids have a right to be healthy. Vaccines keep us healthy."

I'm not saying that vaccines are 100% risk free, but the case for using them to keep infants and children healthy is overwhelming. Pediatricians and infectious disease experts know it. Medicine [shows] it. We ought to start our conversations off that way.

Perhaps the best antidote to antivaccination sentiments is to shift that focus. Let's stop talking about the rights of parents. Let's start talking about the rights of kids.

Arthur L. Caplan. Do Children Have Vaccination Rights? - Medscape - Oct 22, 2018

Vaccine Redistribution

Please email any additions or changes to be made on the Vaccine Redistribution lists with subject matter "Redistribution" to kdhe.vaccine@ks.gov or call toll free at 1-877-296-0464 [Vaccine Redistribution information and lists](#).

Visit the Kansas Department of Health and Environment, [Kansas Immunization Program Redistribution Webpage](#) for additional information and important reminders.